

COCHISE COUNTY LIBRARY DISTRICT - INTERLIBRARY LOAN REQUEST

PLEASE PRINT: Fill out top section and return form to circulation desk.

BORROWER'S NAME:		DATE:
<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>		_____
MAILING ADDRESS:		OCLC ILL #

PHONE:		NOTES:

AUTHOR:		

TITLE OF BOOK OR ARTICLE:		
_____		NOTES:

MAGAZINE TITLE:		

DATE: _____ VOL. _____ NO. _____ PAGES _____		
BORROWING LIBRARY:		NOTES:

OCLC LENDING LIBRARY:		
DATE RECEIVED:		NOTES:

DATE RETURNED:		NOTES:

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